

(NPS Form 10-930)  
(NEW 10/00)  
(Expires 09/30/2003)

(OMB No. 1024-0026)

**National Park Service  
Glacier National Park  
P.O. Box 128, West Glacier, Montana 59936  
Application for Special Use Permit**

Applicant Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Street/Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Description of Proposed Activities: \_\_\_\_\_

Requested Location: \_\_\_\_\_

Date (s): \_\_\_\_\_

Requested timeframe: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Maximum No. of Participants \_\_\_\_\_ Maximum No. of Vehicles \_\_\_\_\_

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note** that this is an application only, and does not serve as permission to conduct a special event or any other use of a National Park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

**INFORMATION PROVIDED WILL BE USED TO DETERMINE WHETHER A PERMIT WILL BE ISSUED.**

Return this application to:

Chief Ranger's Office, ATTN: Debbie Hervol  
Glacier National Park  
P.O. Box 128  
West Glacier, Montana 59936  
Phone (406) 888-7820  
Fax (406) 888-7946

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parts of the form must be completed.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW, Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street, NW, Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.